



STATE OF MISSOURI
MISSOURI DEPARTMENT OF NATURAL RESOURCES
WATER RESOURCES CENTER
SURFACE WATER FOR YEAR _____

*TOTAL NUMBER OF: <input type="checkbox"/> PUMPS _____ <input type="checkbox"/> DAMS _____ <input type="checkbox"/> OTHER (Please specify) _____	USER NAME _____	
	COUNTY _____	IDENTIFIER _____

***SURFACE WATER INFORMATION**

SURFACE DIVERSION NUMBER: _____
GIVE NAME OR IDENTIFY TYPE OF WATERBODY: _____
LOCATION OF WATER WITHDRAWAL: _____ 1/4 _____ 1/4 _____ 1/4 Sec _____, T. _____ N., R. _____ E or W
AMOUNT OF WATER PUMPED OR DIVERTED: _____ gallons per year.
ACRES IRRIGATED: _____ PUMP CAPACITY: _____ gallons per minute.
SURFACE DIVERSION NUMBER: _____
GIVE NAME OR IDENTIFY TYPE OF WATERBODY: _____
LOCATION OF WATER WITHDRAWAL: _____ 1/4 _____ 1/4 _____ 1/4 Sec _____, T. _____ N., R. _____ E or W
AMOUNT OF WATER PUMPED OR DIVERTED: _____ gallons per year.
ACRES IRRIGATED: _____ PUMP CAPACITY: _____ gallons per minute.
SURFACE DIVERSION NUMBER: _____
GIVE NAME OR IDENTIFY TYPE OF WATERBODY: _____
LOCATION OF WATER WITHDRAWAL: _____ 1/4 _____ 1/4 _____ 1/4 Sec _____, T. _____ N., R. _____ E or W
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SURFACE DIVERSION NUMBER: _____
GIVE NAME OR IDENTIFY TYPE OF WATERBODY: _____
LOCATION OF WATER WITHDRAWAL: _____ 1/4 _____ 1/4 _____ 1/4 Sec _____, T. _____ N., R. _____ E or W
AMOUNT OF WATER PUMPED OR DIVERTED: _____ gallons per year.
ACRES IRRIGATED: _____ PUMP CAPACITY: _____ gallons per minute.

PLEASE MAIL COMPLETED FORMS TO: Missouri Department of Natural Resources
Water Resources Center
P.O. Box 250
Rolla, MO 65402-0250
mowaters@dnr.mo.gov

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